



ໃບຢັ້ງຢືນຈາກໂຮງຮຽນ  
STATEMENT FROM SCHOOL

CSO/WORKER NAME / ຊື່ພະນັກງານຫ້ອງການ/CSO	TELEPHONE NUMBER / ເລກໂທລະສັບ
CLIENT IDENTIFICATION NUMBER / ເລກປະຈຳຕົວຜູ້ຮັບການຊ່ວຍເຫຼືອ	DATE / ວັນທີ

**SECTION 1: FILL OUT THIS SECTION BEFORE TAKING IT TO THE SCHOOL.**

ໝວດ 1: ໃຫ້ປະກອບໝວດນີ້ກ່ອນເອົາໄປໃຫ້ໂຮງຮຽນ.

**By signing here, I give my permission to the school to complete this form for the Department of Social and Health Services (DSHS).**

ໂດຍເຊັນຊື່ໃສ່ນີ້, ຂ້າພະເຈົ້າອະນຸຍາດໃຫ້ໂຮງຮຽນປະກອບໃບຟອມນີ້ສໍາລັບ ກົມສັງຄົມ ແລະ ສົງເຄາະ (DSHS).

YOUR NAME / ຊື່ຂອງທ່ານ	YOUR SIGNATURE / ລາຍເຊັນຂອງທ່ານ	DATE / ວັນທີ
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NAME OF SCHOOL / ຊື່ຂອງໂຮງຮຽນ
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SCHOOL ADDRESS : STREET ADDRESS / ບ່ອນຢູ່ຂອງໂຮງຮຽນ	CITY / ຖານີນບ່ອນຢ	STATE / ມືອງ	ZIP CODE / ຊິບໂຄດ
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**SECTION 2: THE PERSON IN THE SCHOOL'S OFFICE WHO IS IN CHARGE OF ATTENDANCE FILLS OUT THIS SECTION.**

ໝວດ 2: ໃຫ້ບຸກຄົນຢູ່ຫ້ອງການຂອງໂຮງຮຽນທີ່ກຳກັບການມາໂຮງຮຽນປະກອບໝວດນີ້.

**A. COMPLETE THE FOLLOWING FOR EACH CHILD FROM THIS FAMILY ATTENDING YOUR SCHOOL.**

CHILD'S NAME	BIRTHDATE	IS THE CHILD ATTENDING SCHOOL:	IS THE CHILD IN SPECIAL EDUCATION CLASSES?	IS THE CHILD MAKING SATISFACTORY PROGRESS IN SCHOOL?	IF THE CHILD IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**B. WHAT IS THE HOME ADDRESS THAT YOU HAVE ON FILE FOR THE CHILDREN?**

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**C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.**

NAME	RELATIONSHIP TO CHILD	ADDRESS (INCLUDE CITY AND ZIP CODE)	TELEPHONE NUMBER

**D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.**

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	TODAY'S DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER